

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042250

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 7991

FILED OCT 18 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY CITY OF ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 39 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. STREET ADDRESS (If outside, give location) 5523 MAFFHITT	
3. NAME OF DECEASED (Type or print) First SIDNEY Middle (NMI) Last BUSH		4. DATE OF DEATH Month 9 Day 25 Year 1963	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-2-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLISHER		10b. KIND OF BUSINESS OR INDUSTRY AUTO INDUSTRY	
11. BIRTHPLACE (City and state or country) ELM MOTT, TEXAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME FRANK FRANKLIN		13b. MOTHER'S MAIDEN NAME MARY GOIM	
14. NAME OF HUSBAND OR WIFE DIVORCED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW-I	
16. SOCIAL SECURITY NO. 8		17. INFORMANT ROSIE STEVENS 5523 MAFFHITT	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) GENERALIZED INANITION DUE TO (c) CARCINOMA PROSTATE WITH MASSIVE METASTASES PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) EARLY PNEUMONIA & SOLITARY PULMONARY EMBOLUS PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 24 Hrs	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 10:50 a.m. A.M. Month, Day, Year 8-17-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from 8-17-63 to 9-25-63 Death occurred at 10:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE John A. Mueller, M.D.		22b. ADDRESS VA HOSP. JEFF BRKS MO	
22c. DATE SIGNED 9-25-63		22d. SIGNATURE John A. Mueller, M.D.	
23a. BURIAL, CREMATION, REINTERMENT BURIAL		23b. DATE 9-30-63	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Atkins Bros. 3644 Finney		25. DATE RECD. BY LOCAL REG. 9-27-63	
26. REGISTRAR'S SIGNATURE John A. Mueller, M.D.		27. REGISTRAR'S SIGNATURE John A. Mueller, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

John H. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.